	2221
1. PLACE OF BIRTH STANE	STATE BOARD OF HEALTH REAU OF VITAL STATISTICS DARD CERTIFICATE OF BIRTH State August
District of Tambip	or Village.
2. Full name of child Odlessa goy Har	(If birth occurred in a hospital or institution, give its NAME instead of street and number) [If child is not yet named, make supplemental report, as directed.]
3. Sex of Child To be answered ONLY (4. Twin, the	rder of birth 6. Legitimate? 7. Date of birth Month Day Year
S. FATHER Full name Elward W. Haraett	14. Full maiden name Helma Boven
9. Residence (Usual place of abode) Lloke, Aurona	15. Residence (Usual place of abode)
10. Color or race 11. Age at last birthday2	If non-resident, give place and state/ 16. Color or race 17. Age at last birthday // (Years)
12. Birthplace (city or place) Nogal	18. Birthplace (city or place). Sefford.
(State or country) New M 13. Occupation Nature of industry Electrician	19. Occupation Nature of industry (State or country) Wayona Housewije
(Taken as of time of birth of child herein	Born alive and now living Drie 21. Were precautions taken against ophthalmia neonatorum? Stillborn 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 100
	ATTENDING PHYSICIAN OR MIDWIFE* O WAS LIOU ALLE BLOOM BE 2'09 2 m. on the date above stated.
(* When there was no attending physician)	. Harper
Given name added from a supplemental report. Month, day, year	Address Ille anyona (Physician or midwife).
Registrar	Filed 9/4 1929 S. E. Wighten and

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